

The Grange

Quality Report

The Grange

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Woking

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated The Grange as good because:

- Staff provided safe detoxification and treatment for clients based on national guidance and best practice. The Grange had a thorough assessment process which ensured that only clients who were appropriate for the service were admitted.
- The environment was well-kept and fit for purpose and there were adequate rooms to provide therapy, activities and safe detoxification. Call alarms had recently been fitted to allow clients to alert staff.
- Since the last inspection The Grange has made improvements in both its management of medicines and the building safety.
- The staff were well trained, specialist and focused on client care, treatment, and recovery. Staff were up to date with their training.
- Clients and family members consistently reported that the care and treatment that the clients received was exceptional. Staff were dedicated to client recovery and passionate about delivering a high standard of person-centred care to clients. Staff were aware of client's individual needs.
- The Grange had a comprehensive structured week of activities and therapy.
- The service provided opportunity for clients, staff and families to provide feedback about the service and there were systems in place to monitor service risk through a register which was regularly reviewed by the senior management team.

Summary of findings

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Good 

The Grange

Services we looked at

Substance misuse/detoxification

The service provides service to adults requiring treatment with substance misuse or eating disorder and with a range of mental health needs.

Summary of this inspection

Background to The Grange

The Grange provides a residential substance misuse and eating disorder treatment programme for adults. It also provides treatment for mental health conditions when these occur alongside a primary addiction or eating disorder diagnosis. The Grange provides medical detoxification and a therapeutic recovery programme based on the 12 steps model.

The service is provided in a large Grade II listed Georgian manor house in Woking, Surrey. The building is set in its own grounds, with a large walled rear garden.

There was accommodation for 17 clients on the first floor of the main building, single and twin rooms all with en-suite bathrooms. Two bedrooms were adjacent to the nursing station for clients who were undergoing the early days of a detoxification. Therapy, activity and communal rooms are located on the ground floor. There was also a two-bedroom annex next to the main building known as 'The Cottage' where staff provided a bespoke care package. All clients who have used the residential services at the service could access day-care as part of the step-down process from residential treatment. There were 10 beds occupied at the time of our inspection.

Clients at The Grange self-funded their treatment or their treatment was funded by health insurance. They either self-referred or were referred to the service by doctors and therapists. Some referrals were international. The Grange did not take NHS referrals or referrals of people detained under the Mental Health Act.

The service has been part of the Priory Group of services since September 2015.

We last inspected The Grange in July 2016. At this time we rated the whole location of the service as the service model was in the process of changing to the current model. The service received a Good rating overall. However, we told the provider it must make improvements to ensure the proper and safe management of medicine. During this inspection we saw that these improvements had been made.

The Grange is registered to provide the following regulated activities: accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

We have inspected one core service – substance misuse services/detoxification as this forms the majority of the treatment provided at The Grange. Between September 2017 and August 2018 there were 153 clients, of which only 29 were treated for an eating disorder. This would not be a large enough amount to inspect as a separate core service. Whilst we have described services provided for clients receiving treatment for eating disorders the rating is based on the substance misuse service. We will monitor the service and will inspect differently next time if the proportion of clients receiving treatment for eating disorders increases.

Our inspection team

The inspection team comprised: three CQC inspectors, a mental health nurse specialist advisor with experience of working in substance misuse services and a pharmacist.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit we reviewed information that we held about the location.

During the inspection visit the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for clients
- spoke with three clients who were using the service
- spoke with one family member of a client using the service

- spoke with the hospital director, who was also the registered manager, the clinical and therapies manager, and the assistant manager
- spoke to 11 other staff members; including health care assistants, doctors, nurses, therapists, housekeeping, cooks, admissions staff, administrative staff and a pharmacist
- attended and observed a morning meeting and a therapy group
- collected feedback from 12 clients using comment cards
- looked at four care and treatment records of clients
- carried out a specific check of the medication management on two wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to three clients who were receiving residential services and collected comment cards completed by 12 clients.

The clients we spoke to were complimentary about the service, the treatment and care that they received. They told us that they felt safe, supported and that their spiritual and cultural needs were met.

Clients said that they felt the staff were proficient at providing treatment and that the staff provided personalised high-quality care. They told us that the staff treated clients with dignity and respect.

Clients told us that the treatment programme was challenging but that they could recognise the benefits.

Clients told us that the staff spent the time they needed with them and that they appreciated and valued the effort that staff went to.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Our rating of this service improved. We rated it as good because:

- Staff provided safe detoxification and treatment for clients based on national guidance and best practice. The Grange had a thorough assessment process which ensured that only clients who were appropriate for the service were admitted.
- The environment was well-kept and fit for purpose and there were adequate rooms to provide therapy, activities and safe detoxification. Call alarms had recently been fitted to allow clients to alert staff and allow staff to respond to any emergencies.
- At our previous inspection we found that the controlled drug prescriptions were not managed safely as serial numbers had not been recorded. During this inspection we saw that improvements had been made, this was no longer a problem and they were fully compliant with medicine management.
- During this inspection we saw that a health and safety assessment had been carried out. The service had an action plan which dealt with any issues and signs had been placed around the building alerting people to potential hazards.
- The service was adequately staffed day and night with a minimum of one nurse and one health care assistant who were skilled at meeting the needs of clients. The majority of staff had completed their mandatory training.
- There was a robust admission process including criteria to ensure that the service could meet clients' needs and that staff could manage them safely.

Good



Are services effective?

We rated effective as good because:

- The service completed comprehensive pre-admission assessments. This assessment included a physical health assessment and physical health continued to be monitored throughout their admission.
- A comprehensive, holistic structured timetable of therapy and activities for clients was available seven days a week.

Good



Summary of this inspection

- There was a range of qualified staff including therapists, nurses, a nutritionist and doctors who were all recovery focused. Staff all had the required knowledge to deliver a high quality service.
- Staff used recognised rating scales to assess and record symptom severity and outcomes of alcohol detoxification. The service specifically used the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA-r) and the Subjective Opiate Withdrawal Scale (SOWS).
- All staff appraisals and supervisions had been completed. Supervision is an opportunity for staff to discuss with their managers case management, reflecting on and learning from practice, personal support and professional development.
- Communication between the different staff roles and members of the multi-disciplinary team was good.

Are services caring?

We rated caring as good because:

- All staff that we spoke to had a kind, caring, compassionate and respectful attitude when discussing clients' needs and were highly motivated and dedicated to patient recovery. Staff were passionate about delivering a high standard of person-centred care.
- Since the last inspection a new hospital manager had been appointed. She was passionate about the service provided and focused on quality improvement for clients and staff.
- Staff had a high level of understanding of the individual clients' needs and had specialist knowledge to assist clients in their recovery.
- Staff were passionate about delivering a high standard of person-centred care to clients.
- Clients told us that their care was exceptional. Family members were also invited to provide feedback, which was continually positive.
- A two-day specialist therapeutic family therapy programme was offered to the families of clients receiving care.

Good



Are services responsive?

We rated responsive as good because:

- The Grange used an effective and comprehensive process to manage referrals and ensure client suitability.

Good



Summary of this inspection

- The service also had a comprehensive discharge checklist for planned discharge from the service, unexpected discharge was managed by support from the nursing and therapy team, signposting the client if necessary to local service or therapy, the consideration and assessment of the client's capacity and best interests and alerting the client's GP, if the client had given consent.
- Clear written and verbal information was provided to new clients about their treatment at The Grange. There was also a complaints policy in place and staff and clients were aware of the process for handling complaints.
- The Grange was comfortable and well-maintained, with a beautiful large garden. There were adequate rooms to support therapy.

Are services well-led?

We rated well-led as good because:

- The senior management team, including the hospital director, were competent, experienced and equipped with the knowledge necessary to perform their roles.
- Staff reported that they felt supported in their roles. There was a clear governance structure in place led by the hospital director.
- Since the last inspection the service was now fully aligned with the Priory group policies and procedures. The service had a clear vision, of helping clients recover from addiction or eating disorders.
- There were good internal processes to discuss and review the care being provided such as handovers, multidisciplinary meetings, supervision, appraisals and team meetings.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of the inspection the majority of staff of staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.






Staff that we spoke to had a clear understanding of the principles of the Mental Capacity Act.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse/detoxification

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

Safety of the facility layout

- The Grange provided services from a large grade II listed building which had been adapted for the needs of the service. There was a good use of warning signs throughout the whole building mitigating the associated risks of an old building, such as steps at the thresholds of doors.
- There was a range of group rooms and interview rooms; all were suitable for the service, clean, well-kept, and comfortable. This included a bright and spacious client lounge, with nearby hot drink facilities for clients and two computers which clients could use at set times.
- Call alarms had recently been installed in all rooms, including in The Cottage. Health care assistants and nurses wore pagers which notified them when and where an alarm was pressed. Staff told us that the call system had recently been used to good effect by a client to get staff attention during their detoxification treatment. Staff told us that all staff would respond in the event an emergency alarm was activated.
- Clients were free to come and go through the front door which was locked from the outside for security. There

was a reception which was staffed between the hours of 9am and 5pm. Reception staff could open the door from an intercom system. Outside of those hours the intercom was also accessible from the nurses' office.

- Due to the nature of the building it was not possible to have unimpeded sight lines of the communal areas. Closed circuit television (CCTV) mitigated the risks. There were clear warning signs for clients informing them when the CCTV was recording them.
- The service accepted both male and female clients. The bedrooms for the male and female clients were in separate areas.
- A health and safety assessment had been carried out in June 2018 and an action plan had been created to resolve identified issues. Most of the actions had been completed. Staff told us that monthly walk arounds and environmental assessments were undertaken.
- Actions identified by the recent annual fire inspection had been recently addressed. Staff on each shift were identified as the fire warden.
- The provider's most recent ligature risk assessment identified where the potential ligature risks were and what level of risk they presented. Potential risks were in part managed by the provider's admission exclusion criteria through the comprehensive pre-assessment.
- We saw that the service had a clean, well-equipped clinic room with the necessary equipment to carry out physical examinations. All staff had access to the emergency equipment in the clinic room using their master key. A pharmacist completed a monthly audit of the clinic room and fed-back any learning to the senior management team.

Substance misuse/detoxification

Maintenance, cleanliness, and infection control

- The service was clean, comfortable, and well-maintained. The service had identified some improvements which could be made to the service, such as refurbishing some of the en-suite bathrooms and replacing older furniture.
- The service had a clear infection control policy in place. We saw that the majority of staff had completed their infection control training.
- Housekeeping staff reported that they had all the equipment and staff they needed to carry out the job.

Safe staffing

Staffing levels and mix

- In the 12-month period of July 2017 to August 2018 there were 23 members of staff at The Grange. For the same period, total vacancies were 8% and total permanent staff sickness was 3.6%.
- There were enough staff to deliver the service. Clinical staff we spoke to felt that the staffing levels were normally sufficient. Difficulties could arise when there was more than one new client to admit.
- The team at The Grange consisted of two full-time nurses, four health care assistants, four therapists and one nutritionist. At the time of the inspection the service had vacancies for nurses, health care assistants and kitchen staff. Agency staff were covering these shifts. The senior management team told us that recruitment for these vacancies was a priority and a plan was in place to address this.
- The hospital director led the service, she split her time between this service and the sister service the Priory Woking and a day service in Oxford. The other two members of the senior management team consisted of a therapy and clinical services manager and an assistant manager, who were both based at The Grange.
- There were two nursing shifts in a 24-hour period, one during the day and one during the night, both of which were staffed by one health care assistant and one qualified nurse. There was also a twilight shift when an additional health care assistant worked between the hours of 4.30pm and 10.30pm. This worker helped with accompanying clients to external fellowship meetings. A

fellowship meeting is a meeting of men and women who share their experience, strength and hope with each other that they may solve their common problem and help each other's recovery.

- An additional health care assistant worked at the weekends between 9am and 5pm. Clinical staff could increase staffing numbers when needed should the level of client care needs increase. Clients we spoke to told us that staff were responsive to their needs.
- A new medical director had recently been appointed but had not yet started. The new medical director covered both The Grange and the nearby Priory Woking Hospital. There was also a locum consultant who worked two days a week as well as four other visiting consultants who had referral rights to the service's beds and therapy programmes.
- The service had an agreement with a private GP who assessed clients' physical health on admission and supported them with any ongoing physical health care needs. If the GP was not able to visit the service they also had access to the Priory Woking Hospital resident medical officer, 24 hours a day.
- The resident medical officer, who was based at the Priory Woking Hospital also provided emergency and out-of-hours cover.
- The service had recently recruited more visiting consultants so that they could admit new clients every day of the week. If The Grange needed to admit someone on a day when no visiting consultants could attend they received support from the consultants at Priory Woking Hospital.
- An additional health care assistant was based in The Cottage whilst it was occupied. This additional health care assistant was usually a member of the bank staff and so had completed the full induction and knew the service.
- Staff informed us that clients who wished to stay in The Cottage would usually first complete the first detoxification period in the main building (in the rooms closest to the nurses' station) and then moved into The Cottage. It was possible for clients to stay in The Cottage for the whole of their time with the service but this was assessed on an individual basis.

Mandatory training

Substance misuse/detoxification

- The majority of staff had completed mandatory training. All staff members had attended safeguarding adults training, 96% had attended safeguarding children training, 96% had attended health and safety training, 85% had attended Mental Capacity Act training, 77% had attended infection control training and 69% of staff had attended Mental Health Act training.
- Staff informed us that there was opportunity for them to engage in more training and that emails were sent around offering this additional training.
- Staff reported that they had access to the online 'Priory Academy' where they completed most of their mandatory training.
- Clients were accommodated in the rooms next to the nurses' station when receiving their initial detoxification treatment. There were guidelines in place for medically assisted withdrawal. It was part of the service's policy to conduct four-hourly (or more if needed) physical observations of all clients undertaking a medically assisted detoxification for the first 24 hours. During our inspection staff recognised that a client who was undergoing his initial detoxification period was deteriorating, staff responded appropriately and increased their medication as prescribed.
- During our inspection we attended the morning staff meeting, which was comprehensive and well attended and contributed by all staff disciplines. We saw that amongst other things clients' risk and observation levels were discussed, as well as physical health needs and potential new clients. We also saw the team using a 'Safe Wards' technique where positive words were used to describe clients. Safe Wards is a model of activities designed to make wards safer. All staff were sent a summary of the meeting by email and a hard copy was given to support staff.

Assessing and managing risk to clients and staff

Assessment of client/service user risk

- There was a robust admission process and criteria in place to ensure that clients who were admitted to the service were appropriate and able to be safely managed by the staff in the environment. Issues which precluded admission to the service included: mental illness as the primary diagnosis, serious physical health problems, mobility issues, a history of violence, young people under 18 years old, a body mass index below 14.5 or anyone detained under the Mental Health Act. This is in accordance with the National Institute for Health and Care Excellence quality statement which states that people in drug treatment should be offered a comprehensive assessment.
- We viewed four sets of care records for clients and all had risk assessments in place. Risk assessments were updated following a change in the clients' circumstances. The change in risk level would then be discussed at the next morning meeting.
- Staff who managed the initial pre-screening also managed the admissions for Priory Woking Hospital and if a client became mentally unwell or was too mentally unwell or too high risk for the service, they would look to refer or transfer them to Priory Woking Hospital. We observed a pre-screening assessment being conducted over the phone and saw that the staff member acted in an appropriate, sensitive and competent manner.
- Prescribing doctors followed National Institute for Health and Care Excellence (NICE) and national guidance that described best practice in detoxification or withdrawal and monitoring eating disorders. Prescribing doctors were qualified and competent to assess and prescribe.
- Staff reported that they felt that the senior management team were open and available to discuss any concerns staff had about the clients.

Use of restrictive interventions

- The senior management team told us that the service had an on-going commitment to identifying restrictive practice and reducing it. Most recently the service had allowed clients to use their own electronic devices at specific times of the day, when previously they were not allowed.
- Bedroom searches were carried out if there was reason to believe that banned items may be present. Clients were asked to consent to these searches on their admission.

Management of client/service user risk

Safeguarding

Substance misuse/detoxification

- In the last 12 months the Care Quality Commission received one safeguarding notification from The Grange.
- Staff that we spoke to were confident about recognising and reporting safeguarding and felt supported. There was a designated safeguarding officer, based at Priory Woking Hospital.
- The majority of staff had completed their mandatory safeguarding training.

Staff access to essential information

- A new electronic record system had been introduced in June 2018. They were also storing some documents in paper files. Some of the assessments of clients and initial paperwork were completed on paper, before being uploaded onto the electronic record system. Whilst two systems could cause confusion, staff we spoke to could locate documents on both the electronic and paper system.
- Staff reported good daily communication and information sharing between nurses, health care assistants and the therapists. This was through daily handovers, documentation in the notes and emails.

Medicines management

- The service had effective policies in place to safely manage clients' medicines. Medicines were stored securely and unwanted medicines were appropriately disposed of.
- Staff received medicines training and followed standard operating procedures for the safe prescribing and administration of medicines, including those used for detoxification. Clients were assessed and monitored to ensure they were receiving the best outcomes from their medicines throughout their treatment. This is in accordance with the National Institute for Health and Care Excellence quality statement which states that people who are prescribed medicines are given an explanation on how to identify and report medicines-related patient safety incidents.
- A visiting pharmacist reviewed clients' prescription charts and audited the management of medicines. The service was responsive to any feedback from the pharmacist and acted to improve client safety when needed. Medicines incidents were reported, investigated and lessons learned were shared.

- Medicines were available for clients. Commonly used medication was kept in stock and other medications were privately prescribed. We were told that no one in the service were currently managing their own medicine. We noted that 100% of staff had completed their safe handling of medicines training.
- Medicines were issued to people on discharge in a safe way and records were kept.
- The Grange's pharmacist undertook quarterly audits of controlled drugs and monthly checks which compared controlled drug stocks with the controlled drug register. There was also a controlled drug officer appointed.

Track record on safety

- The hospital had recorded only one serious incident in the 12 months prior to the inspection. This was managed appropriately by the service.

Reporting incidents and learning from when things go wrong

- Staff recorded all incidents on the service's electronic recording system. Staff we spoke to were confident in using the programme. Incidents were reviewed at handovers and in the morning meeting. Senior management team also reviewed any reported incidents.
- The service produced useful one-page monthly summaries of their incidents and any learning. In August 2018 there were six learning points, including ensuring observation records are completed at the time of completing the observation.
- The service had a section within its policy documents about the action staff should take under the duty of candour. Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Substance misuse/detoxification

- We looked at four care records for clients at the hospital. Care plans were present, up to date, holistic and recovery orientated. However, some care plans had some generic information and did not always reflect the comprehensive work carried out by the service. Nurses and therapists jointly completed care plans in the first 48 hours and said that they were regularly reviewed and updated.
 - A comprehensive pre-screening assessment was carried out prior to admission. The assessment was holistic covering topics such as substance use, mental health, physical health, risk, family. Following the assessment potential clients who were not suitable for the service could either be referred to the Priory Woking Hospital or signposted to other services.
 - All clients then received an admission assessment carried out by the admitting doctor and a nursing assessment completed by both the nurses and the therapists. This was in accordance with the National institute for Health and Care Excellence quality statement, which states that people in drug treatment should be offered a comprehensive assessment.
 - There was evidence in clients' records that physical health was being monitored and all new clients received a medical examination either on the day of their admission or the day after by the GP.
 - All the clients' care records that we looked at had risk assessments in place. Staff told us that weekly audits were carried out on clients' care records.
 - Staff we spoke to reported an electrocardiography would be carried out for all clients admitted. An electrocardiography is the process of recording the electrical activity of the heart.
- addiction, compulsion or other behavioural problems. We received feedback that clients found the structured week aided their recovery. Therapists had specialist knowledge in eating disorders and addiction.
- The therapy programme was in accordance with the National institute for Health and Care Excellence quality statement which states that people in drug treatment should be offered appropriate formal psychosocial interventions and/or psychological treatments. A comprehensive structured time table of individual and group therapies was offered to clients.
 - The structured day included a community group for all clients, meditation, group and individual therapy sessions, a group walk after lunch, Yoga or Shiatsu, fellowship meetings, ending with a good-night group.
 - On weekday evenings all client attended the fellowship meetings. On two days a week the meetings were held at the service, on the other days the meetings were external and clients were accompanied to them by a health care assistant.
 - At weekends there were fewer activities. However, there were outings to local places of interest and opportunities for clients to have their family visit. Every Sunday evening an ex-client returned to the service to share their experiences with the current clients. Staff reported that clients found this beneficial.
 - The nursing admissions checklist included a blood borne virus test.
 - Staff used recognised rating scales to assess and record symptom severity and outcomes of alcohol detoxification. Such as clinical institute withdrawal assessment (CIWA-r).

Best practice in treatment and care

- A comprehensive, holistic structured timetable of therapy and activities for clients was available for seven days a week. The treatment and therapies provided for clients with substance misuse problems was based upon the twelve-step programme for recovery from addiction. The twelve-step program is a set of guiding principles outlining a course of action for recovery from

Monitoring and comparing treatment outcomes

- Staff informed us that they regularly reviewed clients' care plans and the doctors reviewed the medication on a weekly basis.
- The service had introduced the Priory Addiction Recovery Questionnaire. This is a tool designed to measure the effectiveness of the treatment programme in the year after discharge. Clients were contacted after their discharge on day two and month three, six and nine to evaluate the clients progress.

Skilled staff to deliver care

Substance misuse/detoxification

- New staff reported that the induction process was comprehensive and new staff were provided with a folder containing useful information, policy and procedures.
- New or updated policies were sent electronically to staff and staff were asked to indicate by an online form when they had read the new policy. This enabled the senior staff to check that staff had read and received the new policies.
- All staff members had received a performance appraisal and had regular supervision meetings with their line manager. Staff informed us that they found their supervision useful. Staff received individual as well as external group supervision.
- There was a range of staff in the multidisciplinary team. The team included nurses, health care assistants and therapists, of whom some had personal experience of recovery from addiction. A nutritionist, drama therapist and shiatsu therapist were also available to clients.
- Staff discussed opiate and detoxification withdrawal procedures and treatment with confidence, skill, and competence. Staff informed us that they had undertaken the Priory medical withdrawal training. A medical withdraw is when medication is used to alleviate the symptoms of withdraw from alcohol or other substances.

Multi-disciplinary and inter-agency team work

- Communication between the different staff roles and members of the multidisciplinary team was good.
- Multidisciplinary meetings were held every Tuesday and staff reported that they were well attended. Clients did not attend these meetings, although the service told us that their aim was to introduce a weekly multidisciplinary meeting review for clients to attend.
- Staff meetings were held every morning and were widely attended by all staff disciplines.
- The service signposted and referred clients upon discharge to local therapy and services.

Good practice in applying the MCA

- Over majority of staff had received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

- Staff that we spoke to understood the Mental Capacity Act and staff were confident talking about capacity issues.
- Clients completed consent forms on their admission allowing the service to contact external parties for information.
- Clients had access to an advocacy service if they needed it.
- Care records showed that staff considered the clients' capacity to consent to treatment. We also saw that clients were asked to provide consent for the sharing of their information to their GP.

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- All staff that we spoke to were dedicated to client recovery and had a kind, caring, compassionate and respectful attitude when discussing clients' needs. Staff had a high level of understanding of the individual client's needs.
- A new hospital director had been appointed since the last inspection. She was enthusiastic, positive about the service and focused on quality improvement for both clients and staff. She was aware of all the clients' needs and involved in the day-to-day running of the hospital. We observed her attend the morning meeting and she was visible in the hospital throughout our inspection.
- Staff reported that they felt supported and valued by their colleagues, including the senior management team.
- We observed joined up working between the nursing and therapy staff and a sense of community between both the clients and all the staff.
- Staff were passionate about delivering a high standard of person-centred care to clients. Staff told us that they ensured that they spent time explaining the client's treatment, including taking them through the medication.

Substance misuse/detoxification

- Clients told us that staff were respectful and gave emotional and practical support. We spoke to a relative who told us that they really valued the care that their family member had received.
- We observed a therapy group and saw that it provided specialist and appropriate support. The clients participated well in the group and were well supported by staff.
- All clients had a key to their bedroom but were encouraged to remain downstairs during the day to aid their recovery and treatment.
- Clients ate all their meals together. Staff and clients were complimentary of the food.
- During meal times staff from all disciplines supported clients who were receiving treatment for an eating disorder. Staff who supported clients at meal times received special training to do so.
- The kitchen staff, with the support of the senior management team, had produced a cook book of some of the recipes that the clients had eaten during their treatment. This book was given to clients at the end of their stay at The Grange. This was helpful for clients who had become familiar with that food.
- Clients told us that the care they received was exceptional. Clients provided feedback about their care in a monthly survey. The survey results were very positive. The August 2018 survey results showed all clients said that they would recommend this service to a family or friend, that they felt safe on the ward and felt they were encouraged and supported to be involved in their care planning.
- The service was using some techniques from the Safe Wards model. Safe Wards is a model of activities designed to make wards safer. We observed positive words about clients being used in the flash meeting and a tree of hope, where clients being discharged could write positive words to new clients just beginning their treatment.
- A well-attended annual barbeque was held in the garden for the previous clients, their families and the current clients.
- On admission new clients received an information pack which gave them details about the treatment program, the facilities, and the boundaries for receiving treatment at The Grange.
- Clients had the opportunity to regularly meet with one of the nurses and weekly with their doctor to review their care plans. Clients were allocated a primary therapist who they would see weekly to review their treatment.
- Clients were made aware prior to admission that they would be expected to hand in their phones and not have any family contact for the first seven days. Exceptions were made for clients with small children. After the initial seven days clients were permitted to use a landline phone provided by the hospital to contact family and friends.
- The hospital director chaired a weekly community meeting. This gave clients the opportunity to raise concerns or suggestions about the service or discuss boundaries of treatment.
- All clients who had completed treatment at The Grange could access 12 months of aftercare and day care.
- Clients on admission were asked for their consent to contact their GP, we saw evidence of this being done and saw a client had refused, this was recorded on the client's electronic records.

Involvement of families and carers

- Staff actively engaged with people using the service, their families and carers in planning their care and treatment. A two-day family support programme was offered to the relatives of clients whose treatment lasted 28 days or longer. Clients and family members were very positive about this day and the support it offered.
- Family members could provide their feedback on a family feedback form.

Involvement in care

Substance misuse/detoxification

Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

Good 

Access, waiting times and discharge

- Five clients were receiving treatment for addiction, of which two were completing a detoxification programme and five clients were receiving treatment for an eating disorder. There was also one client receiving treatment on a day basis. At the time of our inspection the service did not have a waiting list which meant that each client was able to arrange and discuss their start date.
- The service did not accept any NHS referrals. All clients were self-funded or funded by insurance companies. The building's structure meant there was limited access for clients with physical disabilities. This was part of the service's exclusion criteria.
- All clients prior to admission completed a pre-screening assessment, this assessed risk and suitability to the service. The clinical team discussed the outcome of the assessment before arranging a psychiatric assessment.
- The admissions team had a structured assessment including an exclusion criterion. The exclusion criteria included mental health as the primary diagnosis.
- The admissions team signposted people to alternative services if the service was not able to meet a client's needs. The admissions team also had oversight over the Priory Woking Hospital and referred clients there.
- The doctor assessed clients on admission. They also had a GP physical assessment. Additional information could be requested with the clients consent from their GP and other health professionals. Additionally, the nurses and therapists carried out an assessment.

Discharge and transfer of care

- The service had a comprehensive discharge checklist, this included ensuring clients were given medication on discharge.

- Clients were encouraged to write a supportive message for the tree of hope, which is designed to give new clients support for their treatment.
- Unexpected discharge of clients was managed by support from the nursing and therapy team, signposting the client if necessary to local services or therapy, the consideration and assessment of the clients' capacity and best interests and alerting the client's GP, if the client had given consent. If acute danger, a local crisis team could be contacted, however, the staff we spoke to said that this was unlikely, given the risk profile of the clients.
- Clients were given a questionnaire to complete regarding their care and treatment. This questionnaire was holistic covering areas including from therapy, food, care and environment.
- Clients who had completed their treatment had access to after-care for the 12 months after their discharge, including attending the service for day care and signposting to local therapists or services.

The facilities promote recovery, comfort, dignity and confidentiality

- Client bedrooms were comfortable and well maintained. Clients all had keys to their rooms and could access them throughout the day. There was a mixture of both single and double rooms at the service, all had en-suite bathrooms. The two rooms closest to the nurses' station, reserved for clients undergoing the first week of their detoxification or withdrawal, also had televisions.
- There was a comfortable client lounge with games and a television. Clients were provided with baskets to store their individual possessions in to encourage clients to remain downstairs during the day to aid their treatment. The Grange has an extensive garden and a small gym. Further, there is a small outside sheltered smoking area.
- There was also well-maintained and comfortable group therapy rooms and individual consulting rooms.
- Hot drinks were available for clients throughout the day and there was a small staff kitchen on the ground floor. Meals were provided for the clients and food was good quality.

Substance misuse/detoxification

- The service had a large collection of books in the reception, on topics of recovery and addiction. As part of the treatment clients shortly after their arrival received three books, chosen by the therapists, to aid their treatment and recovery. Clients were also able to browse and purchase additional books.
- A client telephone was available in a small room off the reception. Clients could use this telephone at specified times of the day after they had completed their first week of treatment.
- Clients could use their personal laptops and electronic devices at certain periods during the day. The Grange also had two computers for clients to use.
- The Cottage, which was well-maintained and comfortable also gave more discretion, privacy, and tailored treatment for one client.

Clients' engagement with the wider community

- Clients attended twelve-step meetings in the evenings.
- On weekend clients were taken to prearranged outings to places of interest in the local area.

Meeting the needs of all people who use the service

- Clients received information leaflets. These contained information about what to expect from alcohol detoxification and opiate withdrawal. The opiate guidance included information about the serious risks of taking opiates if the users' tolerance has decreased. This is important for client safety especially for clients who may leave the treatment early. It is regarded as best practice to give clients this information.
- Clients had access to religious places if necessary. The kitchen could cater for client dietary needs. This included those based on culture or religion.
- The service made the commonly used recovery texts available as an audio book, in response to a client's needs.
- A two-day family support programme was available for the relatives of clients whose treatment lasted 28 days or longer.
- Neither the main building nor the annex were accessible to anyone who needed to use a wheelchair. Therefore, anyone who used a wheelchair was not accepted for admission to The Grange.

Listening to and learning from concerns and complaints

- There was a low level of complaints about the service in the preceding 12 months. The hospital director could describe the complaints process, how the service managed complaints and the policy.
- There was a weekly community meeting with the clients, which gave the clients an opportunity to raise any concerns.
- The hospital's clinical governance meetings discussed any complaints and compliments received about the service.
- Clients were provided with information about how to complain and there were posters within the service which advised on the process of raising a complaint.

Are substance misuse/detoxification services well-led?

Good 

Leadership

- The senior management team, including the hospital director, were competent, experienced, and equipped with the knowledge necessary to perform their roles. They had a good understanding of the service and how to manage it. The service was well-led at both ward level and senior management level.
- The senior management team were visible in the service and approachable by clients and staff. The senior management team knew the clients and their individual needs.
- Staff that we spoke to felt that the hospital director had been supportive over the past year in introducing the Priory policies and procedures and that they were beginning to feel more settled.

Vision and strategy

- The service had a clear vision, of helping clients recover from addiction or eating disorders.

Substance misuse/detoxification

- Staff were focused and positive on supporting client recovery. They reported that in the two years since the Priory took over the service they felt that it has become easier to do their jobs and that there was more clarity from the leadership.
- Monthly head of department meetings minutes were shared with staff.

Culture

- Staff that we spoke to including administrative, catering, facilities, therapists and ward staff felt supported and valued by the senior management team as well as their colleagues. The service completed a quarterly survey measuring the staff morale. The results for July were 7.7 out of 10.
- The service had now fully adopted the Priory Group policies and procedures. The service quarterly staff award was aligned to these values and behaviours.

Governance

- There was a clear governance structure in place led by the hospital director.
- The hospital director chaired the monthly clinical governance committee. Terms of reference clearly set out the aims, purpose and structure of the committee and meetings.
- There were good internal processes to discuss and review the care being provided in place such as handovers, multidisciplinary meetings, supervision, appraisals, and team meetings.
- The service had a clear and accessible policies, including the governance policy and a whistleblowing policy.

Management of risk, issues and performance

- The service maintained a risk register, which was reviewed regularly. The current actions taken to mitigate each risk were recorded.
- The service carried out regular audits, including bi-annual ligature audits, annual infection control audit, clinical supervisions audits, risk assessment and Mental Capacity Act and consent audit.

- All staff received regular individual supervision as well as group supervision every two weeks.
- Staff were sent new or updated policies by email, with an online survey to complete. This enabled the senior management team to monitor compliance.
- All staff and volunteers had an up to date disclosure and barring service check.

Information management

- The service had recently introduced a “Lessons Learned” briefing. This enables staff to learn from incidents in the service. In August 2018 one of the identified lessons learnt was for enquiries/admissions team to ensure all clients information is put immediately onto their electronic record system, so that their record starts straight away.

Engagement

- Staff that we spoke to were positive about their jobs and working at the service.
- The most recent staff survey results were from November 2017. There were areas of low staff morale indicated in some responses. The senior management team had responded to the staff survey with a staff engagement plan to address these issues.
- The service held a monthly Your Say Forum, which allows for staff to discuss anything that is important to them and quarterly these were hosted with an afternoon cream tea.
- There is staff well-being budget which is designed to make staff feel valued and appreciated.

Learning, continuous improvement and innovation

- We saw commitment from the senior management team towards continual improvement and innovation. Action plans addressed areas of improvement and indicated where improvement had been carried out.
- The Grange had recently introduced a family and friends feedback survey.
- The service had been proactive in capturing and responding to clients concerns and complaints.

Outstanding practice and areas for improvement

Outstanding practice

The service provided a family therapy programme for the relatives of clients receiving treatment. Families received two days of specialist therapeutic support from staff at The Grange. We read the feedback from family members which was very positive about the impact of the therapy programme, the support provided by the staff and the impact of their relative's recovery.

The kitchen staff had produced a cook book of some of the recipes that the clients had eaten during their treatment. This book was given to clients at the end of their treatment.